

**SCDHEC STD/HIV Division**  
**Request and Review Form**  
**CDC Federal Materials Review Committee (FMRC)**  
(Revised January 3, 2006)

Date \_\_\_\_\_

Use this form to have materials considered for approval by the Federal Materials Review Committee.

For print materials, including website content, submit ten (10) samples and completed form.

Allow thirty calendar days for print materials review.

For audiovisual materials and curricula, submit one original item and completed form.

These items are reviewed on a quarterly basis at meetings held in February, May, August and November.

**Send to: Tony Price, STD/HIV Division, Mills/Jarrett Complex, Box 101106, Cola, SC 29211**

Requestor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Organization: \_\_\_\_\_

Title of material and production year: \_\_\_\_\_

Requested date needed for review: \_\_\_\_\_ Reading level (if known) \_\_\_\_\_ grade

It is an original \_\_\_ or a reproduced copy \_\_\_ Publisher: \_\_\_\_\_

**Type of material:**

\_\_\_ Poster/Display \_\_\_ Brochure \_\_\_ Flier \_\_\_ Video/DVD/CD (see "Use/Distribution" section)

\_\_\_ PC Software \_\_\_ Curriculum \_\_\_ Survey/Questionnaire/Focus Group Questions

\_\_\_ Web Site Educational Materials \_\_\_ Billboard \_\_\_ Other (specify) \_\_\_\_\_

**Target Audience:**

(Check all that apply, but only check those for which the material is specifically intended)

**Race and Ethnicity**

\_\_\_ African American \_\_\_ White \_\_\_ Latino/a \_\_\_ Other (specify) \_\_\_\_\_

**Sexual Risk**

\_\_\_ MSM \_\_\_ MSM/W \_\_\_ MSW \_\_\_ WSM \_\_\_ Other (specify) \_\_\_\_\_

**Age**

\_\_\_ Youth (13-17) \_\_\_ Young adults (18-24) \_\_\_ Adults (25-44) \_\_\_ Older Adults (>44)

Indicate if the material specifically targets persons living with HIV/AIDS: \_\_\_\_\_

Indicate if the material specifically targets transgendered persons: \_\_\_\_\_

**Drug Risk**

\_\_\_ IDU \_\_\_ Other Substance Use (specify) \_\_\_\_\_

Are either of the following names used within the material?

\_\_\_ DHEC \_\_\_ CDC \_\_\_ N/A

Note: If CDC's name is used, it is your responsibility to send a copy of developed/approved material to:

**Project Officer for South Carolina, Division of HIV/AIDS Prevention, 1600 Clifton Road, N.E., MS E 58, Atlanta, GA 30333**

